STATE OF SOUTH DAKOTA

Statement of Legal Newspaper Ownership and Cired State of State

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

| 1. TITLE OF NEWSPAPER Clark County Courier | | | ^{2. DATE} 09–30–09 | |
|--|--|---|-----------------------------|--|
| 3. FREQUENCY OF ISSUE 3A. NO. OF ISSUES PUBLIS 52 | | | PRICE \$ \$33 / \$35 / \$39 | |
| 4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Cod | | | | |
| (Not printers) 119 1st Ave. East, Clark, Clark County, S.D. 57225–1712 | | | | |
| 5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE | | | | |
| PUBLISHER (Not printers) 119 1st Ave. East, Clark, S.D. 57225–1712 | | | | |
| 6. FULL NAME OF PUBLISHER: William J. Krikac | | | | |
| 7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given. FULL NAME COMPLETE MAILING ADDRESS | | | | |
| Clark County Publishing, Inc. 119 1st Ave. East, Clark, S.D. 57225-1712 | | | | |
| KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form. Dacotah Bank – Clark & NESDEC | | | | |
| 9. EXTENT AND NATURE OF CIRCULATION | | AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 | ACTUAL NO. COPIES ISSUED | |
| | | MONTHS 2100 | NEAREST TO FILING DATE 2100 | |
| A. TOTAL NO. COPIES (Net Press Run) | | 2100 | 2100 | |
| B.PAID AND/OR REQUESTED CIRCULATION 1. Sales through dealers and carriers, street vendors and | | | | |
| counter sales. | | 317 | 315 | |
| Mail Subscription (Paid and or requested) | | 1694 | 1688 | |
| C.TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2) | | 2011 | 1993 | |
| D.FREE DISTRIBUTION 1. BY MAIL, CARRIER OR OTHER MEANS | | 12 | 12 | |
| 2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES | | | | |
| E.TOTAL DISTRIBUTION (Sum of C, D1 and D2) | | 2023 | 2005 | |
| F. COPIES NOT DISTRIBUTED 1. Office use, left over, unaccounted, spoiled after printing | | 77 | 95 | |
| 2. Return from News Agents | | | | |
| G.TOTAL (Sum of E, F1 and F2 – Should equal net press run shown in A) | | 2100 | 2100 | |
| Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public | | | | |
| I swear that the statements made by me are true, correct, and complete: | | | | |
| William a Krikac Publisher | | | | |
| (Signature) | | (Title) | | |
| | | | | |
| State of South Dakota) | | Sworn to before me this 1th day of October, 2009 | | |
| County of Chark) | | Notary Public | | |
| (Seal) | | My commission expires: $6-4-2013$ | | |